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20995 7590 01/02/2008  KNOBBE MARTENS OLSON & BEAR LLP 2040 MAIN STREET FOURTEENTH FLOOR				Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.		
IRVINE, CA 92		(Depositor's name)				
			<u> </u>			(Signature)
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APPLICATION NO.	FILING DATE	<u> </u>	FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/354,058 07/15/1999 JOHN CRESCENTI COMMV.028A 4549 TITLE OF INVENTION: HIERARCHICAL BACKUP AND RETRIEVAL SYSTEM						
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$0	\$0	\$1440	04/02/2008
EXAM	INER	ART UNIT	CLASS-SUBCLASS	]		
COLBERT, ELLA		3694	707-204000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> </ol>			2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)						
CommVault Systems, Inc.  Oceanport, New Jersey						
Please check the appropriate assignee category or categories (will not be printed on the patent):						
4a. The following fee(s)  Issue Fee Publication Fee (N	No small entity discount p		b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the provided of the provided of this form).			
5. Change In Entity Status (from status indicated above)  \[ \begin{align*}             1.27. \\						
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Authorized Signature CLT G. F			Date 3/28/2008			
Typed or printed name Christian A. Fox			Registration No. <u>58,507</u>			
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